CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE			
October 10, 2014	Citizens for Fisc	al Sanity		
2. SHORT NAME OF COMMITTEE (IF APPLICA	BLE)	-		
voteno3.org				
ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
1701 Sweetbriar Ave.	Nashville	TN	37212-2256	
4. MEASURES SUPPORTED OR OPPOSED	Nasiiville	LIN	31212-2230	615-289-1397
Amendment #3			-	
5.A. NAME OF POLITICAL TREASURER			5.B. DATI	EAPPOINTED
William W. Howell		I TO THE PARTY OF	Janua	ary 14, 2014
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING PERIOD	7.B. EN	DING DATE OF REP	ORTING PERIOD	No. and the second seco
7/1/2014		0/2014		
Check one) A. This committee is exempt from detal expenditures total \$1,000 or less for is true and that the committee has committee.	this reporting period. I do sole	mnly swear or affin	n that the information co	ntained in this statement
and 10f must also be completed.)			-	
B. X This committee is required to file a d				
\$1,000 and/or expenditures total mo tained in this statement is true and the				
tures requried to be reported by politi	tical campaign committees by t	ne Campaign Finar	icial Disclosure Act.	·
	1-11. /11/	1 1		. 4
9	William W. Ho	well		10/10/2014
3		of political treasur	er	date
9. WITNESS SIGNATURE	h . 1	0	Λ.α	
	Rich and H.	(Dich)	will im	16/16/2014 date/
	signa	ture of witness		'date/
10. SUMMARY		, ,		
a. BALANCE ON HAND LAST REPORT	***************************************		\$ _1,844.66	
b. TOTAL RECEIPTS THIS PERIOD				
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ <u>8,529.65</u>	
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10 c)		\$	14.449.26
a. minimum elatinise fiaim bigg tom.		-,,,	······································	//
e. TOTAL LOANS OUTSTANDING			\$	0
		T THE U.S. I.	- 9	10 705 60
f. TOTAL OBLIGATIONS OUTSTANDIN	^			10.700.00

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	4	12. REPORT COVE	ERING THE PERIOD
Citizens for Fiscal Sanity	¥	FROM: 7/1	то:9/30/2014
RECEIPTS 13. CONTRIBUTIONS (other than loans and in	terest)		
a. Unitemized Contributions (\$100 or less f	rom each source this period)	\$ _5,765.00	=
b. Itemized Contributions (over \$100 from e	each source this period)	\$ <u>15,369,25</u>	_
c. TOTAL CONTRIBUTIONS (other than loa	ns and interest)(add 13.a. and 13.b.)		\$ _21,134.25
14. LOANS RECEIVED THIS REPORTING PER	RIOD		\$
15. INTEREST RECEIVED THIS REPORTING	PERIOD		\$
16. TOTAL RECEIPTS (add 13.c., 14., and 15.)	(must be shown in item 10.b.)		\$.21,134.25
DISBURSEMENTS			
17. EXPENDITURES (other than loan payments	s)		
a. Unitemized Expenditures (\$100 or less eac gasoline)	h payee this period) (must be listed by	category - e.g., print	ing, postage,
_Postage	\$ <u>64.34</u>		
Financial Service Fees	\$ <u>39.94</u>		
Office Supplies	\$ <u>98.26</u>		020
	\$		a a
	\$		
2	\$ <u></u>		
Total of Expenditures (\$100 or less each payer	99)	\$ 202.54	_
b. Itemized Expenditures (Over \$100 each pay	ree this period)	\$ _8,327.11	_
c. TOTAL EXPENDITURES (other than loan re			
18. LOAN REPAYMENTS MADE THIS PERIOD.	·		\$
19. TOTAL DISBURSEMENTS (add 17.c. and 1	8.) (must be shown in item 10.c.)		\$ 8,529.65
20.IN-KIND CONTRIBUTIONS			ē.
a. Unitemized in-kind contributions (\$100 or le	ess from each source this period)	\$ <u>6900</u>	_
b. Itemized in-kind contributions (over \$100 fro	• •		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVE	ED THIS PERIOD (add 20.a. and 20.b.))	\$ <u>166.63</u>
21.LOANS			
LOANS OUTSTANDING (must be shown in	item 10.e.)		\$ _0
22.OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100	or less each)	\$ _\$0	_
b. Itemized Obligations Outstanding (Over \$10	·	,	
c. TOTAL OBLIGATIONS OUTSTANDING (add	22.a. and 22.b.) (must be shown I item	10.f.)	\$ <u>\$18,705.6</u> 0





1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD
Citizens for Fiscal Sanit	y		FROM:7/1	T0:9/30/2014
				Amount
		TIONS FROM PRECEDING PAGE (enter \$0 if first itemized page		\$0
4. COMPLETE THE APPROPRIATE ITEM	IS FOR E	ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	luring the period)
First Name Marian	M.L.	Last Name/Organization Name Ott		Amount of Contribution \$1000.00
Address 110 31st Avenue North #1001				
City Nashville	State TN	Zip Code 37203-1656		
Withteer	270 E - !!			
Expo munity				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Nancy Address		Anderson		\$500.00
1043 Englewood Ave				
Chattanooga	State	ZipCode 37405-2334		
Occupation retired				
Employer				
First Name	M.L	Last Name/Organization Name		Amount of Contribution
Marion R Burger				
116 Tamara Lane				
City	State	Zip Code		
Oak Ridge	TN	37830-6680		
Occupation retired				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
John & Nancy Address		Stowart		\$1500.00
6611 Ridge Rock Lane	-			
City	State	Zip Code 37909-2769		
Knoxville	IN	\$7909-2769		1
Cocupation retired				
Employer				Amount of Contribution
First Name	M.L	Last Name/Organization Name		2000000000000
Gavle Address		Ray		\$200.00
5536 Hearthstone Lane	State	Zip Code		1
Brentwood	TN	37027-4354		
	TIN	\$1021-4554		1
retired				
Employer			*	
5,TOTAL ITEMIZED CONTRIBUTIONS				\$3,450.00
(Carry forward to item 3, of next page (if this is the last page of contributions	o if addition o, this amo	nal pages of this form are used.) unt must be shown in item 13b. of summary.)		ψυ, του.ου

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD		
Citizens for Fiscal Sanit	V		FROM: 7/1	T0:9/30/2014		
 TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) 						
4. COMPLETE THE APPROPRIATE ITEMS First Name			from any contributor	5-17-10-103		
Ashley & Susan	M.I.	Lest Neme Openization Name Wilts hire		Amount of Contribution		
Address 810 Wiltshire Lane		192		150.00		
City Vanicer	State	Zip Code 37181-6054				
Coolingianed		•				
Employer						
First Name	MI.	Last Name/Organization Name Tennessee Education Association	N	Amount of Contribution		
Address 801 Second Ave., North				5000.00		
City Nashviile	State TN	ZpCode 37201-1099				
Occupation				22.		
Employer				**		
Arst Name Brian	MJ.	Last Nemo/Organization Name Paddock & Mary Mastin		Amount of Contribution		
Address				\$500.00		
360 Roberts Hollow Ln.	State	Zip Code				
Cookeville	TN	38601-9224				
Cocupania						
Emplesif						
First Name	MLL	Last Name/Organization Name		Amount of Contribution		
Alex & Terry Address	L	Fardon		1000 00		
1 Sharonwood Dr.	State	Zio Code		\$300.00		
Nashville	TN	37215-1227				
Cocupation				Ø 3		
Empkt H8 GM						
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
Alfred & Carol Address	L	Legendre				
9037 Shallowford Rd				\$200.00		
City Knoxville	State TN	Zip Code 37923-1553				
Occupation professor						
Emploidiff K		2				
5.TOTAL ITEMIZED CONTRIBUTIONS						
(Carry forward to item 3. of next page if (If this is the last page of contributions, the		pages of this form are used.) must be shown in Item 13b. of summary.)		\$9,600.00		

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD	
Citizens for Fiscal Sanity FROM:7/1					
TOTAL (STATES ALLEMAN AND STATES					
 TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) 					
	U	War and the second of the seco	from any contributor	A MANAGEMENT OF THE REAL PROPERTY.	
First Name	M.I.	Last Name/Orgenization Name		Amount of Contribution	
Add Shn A. Lynch					
City State ZipCode					
Georgetown	TN	37336-4097			
Occupation Professor		0.			
EmployerC					
First Name	ML	Last Name/Organization Name	ST THE STATE OF TH	Amount of Contribution	
Robert		Cantrell			
106 Ulena Lane			5	105.00	
City Oak Ridge	State	Zp Code 37830-5237			
Occupation retired		37030-7237			
Employer					
Pirst Name	MIL	Last Name/Organization Name	and the second second	Amount of Contribution	
Addressay	L	Hancock & Thomas Clarkson		August or commons.	
242 Daymandek Diene				150.00	
313 Brunswick Place	State	ZipCode		1.00.00	
Nashville	TN	37221-3009			
Occupation retired					
Employer					
First Name	M.i.	Last Name/Organization Name	THE HE SAW	Amount of Contribution	
Address		Bacon			
120 Beechwood Circle	State	Zip Code		\$150.00	
Manchester	TN	37355-2820			
Occupation retired					
Employer		E E			
First Name	M.i.	Last Neme/Organization Name		Amount of Contribution	
Address ent & Karon	L	Weeke			
6025 Sherwood Drive				\$3109.25	
City	State	Zip Code 37215-5734			
Nashville Occupation	TN] 012100104			
Occupation retired					
Employer					
5.TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if (If this is the last page of contributions, the		pages of this form are used.) must be shown in item 13b. of summery.)		\$13,219.25	

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COV	ERING THE PERIOD	
Citizens for Fiscal	Sanity		FROM:7/1	TO:9/30/2014	
			1	Amount	
		TIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		\$13,219.25	
4. COMPLETE THE APPROPRIATE ITE	MS FOR E	ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100) from any contributor	V 250 - 250	
FRIBNARD & Lucy	M.I.	Inth Name Page Page Page Page Page Page Page Pag		Amount of Contribution	
^ช่าร Mountain View Drive	作野 Mountain View Drive				
Beymour	944	37805-4323		1	
de pan P	-	d.			
Employer		· ·			
Saran	M.I.	Faul River Description Name	3	Amount of Contribution	
108 Sumach Street				\$200.00	
Pookout Mountain	TW	37350-1132			
damamaker					
Employer				th.	
Dr. Warren & Annelle	M.I.	Last Name/Organization Name Neel		Amount of Contribution	
2413 Craig Cove Rd.				\$150.00	
Knoxville	TN	37919-9314			
cetional					
Employer		9			
First Name Michael	MI.	Last Name/Organization Name McWherter		Amount of Contribution	
Address PO Box 1762				500.00	
Jackson Jackson	State I'N	Zip Code 38302-1762			
Owner & President					
Captral Distributors & Voluntee	r Distrit	outing			
First Name Jean	M.I. B.	Last Name/Organization Name Harrington		Amount of Contribution	
Address 824 S. Douglas Ave.			3 F	\$300.00	
City Nashville	State TN	Zip Code 37204-6102			
Permit					
Employer					
5.TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next pag (If this is the last page of contribution	e if addition s, this amou	al pages of this form are used.) unt must be shown in Item 13b. of summary.)		\$15,369.25	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE				2. REPORT COVE	RING THE PERIOD
Citizens for Fiscal Sanity FROM:7/1					TO:9/30/201
					Amount
3. TOTAL ITEMIZED EXPENDITURES F				04004	\$0
 COMPLETE THE APPROPRIATE ITEM must be itemized.) 	S FUR E	ACH HEMIZED EXPI	ENDITURE (any expenditures totaling more than	\$100 to a sigle payee of	during the period,
	1010.11				j
First Name Brian	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			Strategy Consulting Sei	rvices	\$6,916.64
Miller Address					φο,910.04
26 Hillcrest Rd.					
City	State	Zip Code	1		
Waltham	MA	02451			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			Deletie e O AA die e	-	
Printing, etc.			Printing & Mailing		\$1,410.47
1100 Menzler Lane					
City	State	Zip Code			
Nashville	State TN	^{Zip Code} 37210		BA II' V	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Address			+		
			1		
City ,	State	Zip Code			
First Name	Middle Na	TIE	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			1		
		4			
City	State	Zip Code			
First Name	Middle Nes	118	Purpose of Expenditure		Amount of Expenditure
Lest Name/Business Name			11		ļ i
Address			+		
		,			
City	State	Zip Code			
First Name	Middle Na	ทอ	Purpose of Expenditure		Amount of Expenditure
Last Name Decision Management					
Last Name/Business Name					
Address					
Cit.	Clake	7in Code	+		
City	State	Zip Code	a a		
5. TOTAL ITEMIZED EXPENDITURES					Ì
(Carry forward to Item 3. of next page if a		-			\$8,327.11
(If this is the last page of campaign expend	litures, th	s amount must be show	n in item 17b. of summary.)		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVER	
Citizens for Fiscal Sar	<u>nity</u>			FROM:7/1	T0:9/30/2014
3. TOTAL ITEMIZED IN-KIND CONTRIBU	TIONS FROM P	RECEDING PAGE (enter \$0 if first itemized page)		Amount \$0
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH IT	EMIZED IN-KIND C	ONTRIBUTION (in-kind contributions	totaling more than \$100 from ar	y contributor during the period)
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Brent Last Name/Organization Name			D-1		
Mallinkrodt			Print color flyers	*	\$106.63
Address 313 Forest Oak Drive					
City	State	Zip Code			
Knoxville Occupation	<u>TN</u>	37919	1		
Best Effort Made					
Employer			1		
First Name	Middle Name		Description of In-Kind Contribution		Value of in-Kind Contribution
					VOICE OF INT GIVE CONTRACTOR
Last Name/Organization Name					:
Address					
City	State	Zip Code	90		
	-				
Occupation					
Employer				-	
	p 1-2, 4 - "				
First Name	Middle Name ·		Description of In-Kind Contribution		Value of in-Kind Contribution
Last Name/Organization Name					
Address			v.		
					1
City	State	Zip Code			
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					1
Address			ļ		9
Audians		183			2
City	State	Zip Code	τ.		
Occupation			137/		
Fordance					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTR	IBUTIONS				
(Carry forward to item 3 of next page	age if additional p	ges of this form are u	sed.)		\$106.63
I distribute to the food or over of the lateral or	ontributions this	amount must be show	wn in item 20.b. of summary.)		J \$100,00

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE			1		2. REPORT COV	ERING THE PERIOD
Citizens for Fis	cal Sa	nity			FROM:7/1	T0:9/30/2014
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	arne		II - 101111 - 11111		
a .						
LastName/Business Name						
Address						
City	State	Zip Code	Date of Loan	10		-
First Name	Middle N	arne				
LestName/Business Name	1					
Address						
State Zip Code		Date of Loan	West		-	
First Name	Middle N	ame) set T	,,======	7	T
7 404 7 400 170		Q 110				
LastName/Buşiness Name						
Address		W			-	
City	State	ZipCode	Date of Loan			
First Name	Middle N	arne	I		T	
LastName/Business Name				9		
Address			}			
City	State	Zip Code	Date of Loan	14	1	
First Name	Middle N	ama		***===/,		
LastName/Business Name	<u> </u>					
Address						
City	State	ZlpCode	Date of Land		1	l
•			Date of Loan			
4. TOTALS (Yotal from "Outstanding Balance - (End of Pe	riod)° colum	n must also be shown	-0-			-0-
in item 21 on summary page.)					1	

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

NAME OF COMMITTEE				2. REPORT COVE	RING THE PERIOD
Citizens for Fiscal S				FROM:7/1	TO:9/30/2014
 COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more than \$100 the end of the reporting period) 		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name Mid	klie Name	· C			lt.
Last Name/Business Name Winning Connections Address		c			
317 Pennsylvania Ave., SE 2nd Floor		\$0	\$8,612.60	\$0	\$8,612.60
Washington	te Zip Code C 20003.				
Description of Obligation Telephone town hall					
	Idle Name	N 300		XII/(III -= , =	
Last Name/Business Name Amplify, Inc. Address					
59 Lincoln Park, Suite 220	\$0	\$5,000.00	\$0	\$5,000.00	
*					
message consulting					
First Name Brian	ide Name				
Last Name/Business Name Miller					
Address 26 Hillcrest Rd.		\$0	\$9.736.64	\$6,916.64	\$2,820.00
City Sta	te Zip Code 1A 02451		ψο,,, σοιο .	ψο,510.04	
Description of Obligation	MA 02401				
Strategy Consultation First Name Mic	idle Name				1
William	W.				
Last Name/Business Name Howell				_	
1701 Sweetbriar Ave.		\$0	\$673	\$0	\$673
City	ite Zip Code N 37212				
Description of Obligation		0			, , , , , , , , , , , , , , , , , , , ,
	idle Name				
Ashley Last Name/Business Name					
Dwire Address 2731 Roscommon Dr.		\$0	\$1,600.00	\$0	\$1,600.00
City	te Zip Code N 37128			, -	
Description of Obligation		January 1			
4. TOTALS (Total from "Outstanding Balance - (End of Period)" colur	nn must also be shown	\$0	\$25,622.24	\$6,916.64	\$18,705.60
In item 22.b on summary page.)		Page 10 of		RDA 1159	